Application for KECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE X5
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE 1

1 .Application Date 5/11/73	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies		Application No.	Date Complete	e d
2 Agency Application Ro. 73-32	and forward to Department of Archives and History, Attention: Records Management Officer.	JUN 22 1973	13-436	JUN 28 19	73
Georgia Department of Public Safety Uniform Division Driver Services Section Safety Responsibility Unit		Jean Fletcher			
P.O. Box 1456, Atlar	5. Working Title Supervisor		6098		
7.ACTION REQUESTED	DOSTUTON SUNNING DISPO	פקקם קר קפר	· ኮለጥ ለሮር፤M	111 ለጥተለክ፡	

ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE.

DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED

8.Earliest & Latest Dates of Series 1951-present 9 Exact Series Title

Self Insurance Files.

What is the function of the office in which this record series is created?

The Uniform Division is responsible for the patrol of streets and highways of this state to insure the safety of lives, injuries, and property, to investigate motor vehicle accidents, to be available for civil disorders or natural disasters, licensing of citizens to operate motor vehicles, suspension or revocation of license, accident investigation and computation of related statistics, requires un-insured motorists to show financial responsibilities upon being involved in an accident. Supervises motor vehicle inspection records and distribution of motor vehicle inspection stickers and other documents and insure the safety of the Governor of the State of Georgia and his family.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relates to issuance of a Certificate of Self Insurance. Includes application for Self Insurance (SR 101 Proof of financial responsibility, copy of self insurance certificate and related correspondence. File arranged alphabetically by company or individuals name.

ATTACH SAMPLES OF THE FILE

12.	EQUIPMENT OCCUPIED	No. of Dravers	Cu. Pt. of Records		No. of Drawers Cu. Ft. or Record
	Letter-size File Drawers	1	15	ARRUAL RATE OF ACCUMULATION	1 & 1/4 in.
	togal-size 711e Dravers			Ficor Space Occupied (Square Feet)	fn Office(a) In Storage Area(a
				weekly	This Last Proceeding All Price Year's Year's Years
			N	AVERAGE ON THE REPERENCES	2 or 3 times week

Form: AR-50-71

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QUESTIONNAIRE Place an "x" in the proper column. If answer is	"YES," please explain	YES NO
13. Is this the Record Copy of the series?		$[\mathbf{x}]$
14. Is there a duplication of this series in a	mother office or agency?	[] [_x]
15. Is the information contained in this series Attach copy of summary or publication. 16. Does the series contain classified informs		[] [x]
17. Does the series initiate, amend or termina	<u>-</u> . • • • • •	
	- · · · · · · · · · · · · · · · · · · ·	[] [x]
18. Could the function be performed if the fil	•	[x] []
19. Is the series (or major portion of it) rea	gularly microfilmed? If yes, why?	[] [x]
20. Does the record series provide data as ing	out to an EDP file?	[] [x]
21. Does the record series contain documentati	on produced as EDP printout?	[] [x]
22. Has the Federal Government issued instruct sition of these files?	tions governing the retention/dispo-	[] [x]
23. Will there be a need for these records 10. Self Insurance may still be in force.	15 years from now? If yes, what?	[x] []
LAW LIMITATION PERIOD I	EDERAL e.* ADMINISTRATIVE f.[]HIS AW DECISION VAL son for the retention requirement)	
Code 92A-615.1	·	
25. AGENCY RECOMMENDATIONS. This agency recomme of each -[]CALENDAR YEAR -[]FISCAL YEAR	nds that the file series be cut off a -[孝OTHER see below	t the end ,then:
[] Hold in the current files areamo [] Transfer to [] State Records Center [[] Destroy. [] Transfer to State Archives for permaner [] Destroy immediately after cut-off. [x] Other: (Specify)	Local Holding Area; holdyear	·(s):
Hold in current files area until self insured Records Center 3 years then destroy. Throw old proof of financial responsibility aw	•	orts, etc.)
(Indicate briefly rationale for recommend	byanen	rks):
(1) Concur () Nonconcur <u>Direct</u> Records Management Officer (Signature) Date	or Driver Services Section OTHER REQUIRED SIGNATURES	DATE
26. Recommendations Agency Head/Designee	O. Ras	1/
in paragraph 25 [A] Approved [] Disapproved are: State Auditor/Designee [V] Approved [] Disapproved		4-202
STATE RECORDS N Secret por State/Designee		6-22-7
COMMITTEE [] Approved [] Disapproved Attorney General/Designee [] Approved [] Disapproved	RANTALIONS	6-42